



**Campaign Finance Section  
Financial Report**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends Of Stephanie T. Bolden

Account Number: \*\*\*\*\* Date of this Report: 09/07/2010

Reporting Period Start: 08/17/2010 Reporting Period End: 09/07/2010

Office: State House Of Representatives - District 02

Check the box that applies to this report:

Primary Election	<u>X</u> 8-DAY	<u>      </u> 30-DAY
General Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
Other Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
Special Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
	<u>      </u> YEAR END	

Final Organization Closing:	<u>      </u> YES	<u>X</u> NO	Closing Date:	<u>                                </u>
Amendment:	<u>      </u> YES	<u>X</u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CANDIDATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	08/17/2010 FROM	09/07/2010 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$3,987.65
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$1,675.00
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$0.00
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$0.00
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$1,675.00
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$1,868.09
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$0.00
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$0.00
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$1,868.09
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$3,794.56
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$0.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$8,900.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$12,694.56





## SCHEDULE B - TOTAL EXPENDITURES

Account Number: \*\*\*\*\* Reporting Period: 08/17/2010 09/07/2010  
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
08/18/2010	Mailing, Inc.	128 South Willow St Kennett Square, PA 19348	\$240.00	\$240.00
08/23/2010	Albert Jackson	171 W. Clarendon Dr Smyrna, DE 19977-4046	\$300.00	\$300.00
08/27/2010	Lasting Impressions	108 West 27th St Wilmington, DE 19802	\$392.50	\$392.50
09/05/2010	Nuestras Raices Delaware, Inc.	PO Box 25167 Wilmington, DE 19899	\$100.00	\$100.00
08/25/2010	August Quarterly Festival	812 N. Franklin Street Wilmington, DE 19806	\$250.00	\$250.00
08/27/2010	Mailing, Inc.	128 South Willow St Kennett Square, PA 19348	\$825.00	\$585.00
<b>TOTAL EXPENDITURES IN EXCESS OF \$100</b>				<b>\$1,867.50</b>
<b>TOTAL EXPENDITURES NOT IN EXCESS OF \$100</b>				<b>\$0.59</b>
<b>GRAND TOTAL EXPENDITURES</b> (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				<b>\$1,868.09</b>



## SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: \*\*\*\*\*

Reporting Period:

08/17/2010

FROM

09/07/2010

TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTIONS IN EXCESS OF \$100				
TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100				
GRAND TOTAL RECEIPTS				
(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				





## SCHEDULE D-1 - LOANS RECEIVED

Account Number: \*\*\*\*\* Reporting Period: 08/17/2010 09/07/2010  
FROM TO

All loans in excess of \$50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

### LOANS RECEIVED IN EXCESS OF \$50:

Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)					



## SCHEDULE D-2 - LOANS

Account Number: \*\*\*\*\* Reporting Period: 08/17/2010 09/07/2010  
 FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

### LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
07/23/2010	Stephanie T. Bolden 38 McCaulley Ct., Wilmington, DE 19801		Unsecured	0.00%	\$500.00	\$0.00	\$500.00
07/26/2010	Stephanie T. Bolden 38 McCaulley Ct., Wilmington, DE 19801		Unsecured	0.00%	\$4,500.00	\$0.00	\$4,500.00
07/30/2010	Stephanie T. Bolden 38 McCaulley Ct., Wilmington, DE 19801		Unsecured	0.00%	\$3,900.00	\$0.00	\$3,900.00
<b>TOTAL LOANS</b> (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)					<b>\$8,900.00</b>	<b>\$0.00</b>	<b>\$8,900.00</b>





## SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: \*\*\*\*\*

Reporting Period:

08/17/2010

FROM

09/07/2010

TO

All expense reimbursements received by you and paid by you must be itemized.

### REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

### REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					



## SCHEDULE F - NON-CASH ASSETS

Account Number: \_\_\_\_\_

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Reporting Period: \_\_\_\_\_

08/17/2010

FROM

09/07/2010

TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

### LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			



## SCHEDULE G - ELIMINATION OF ASSETS

Account Number: \*\*\*\*\*

Reporting Period: 08/17/2010  
FROM

09/07/2010  
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

### LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			